



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

399 Washington Street, 5th Floor Boston, MA 02108
www.mass.gov/dos/ ■ (617) 727-3696
(617) 727-3452 EXT. 144 ■ (617) 727-0726 fax

RENEWAL APPLICATION
EMPLOYMENT AGENCY LICENSE
AND SERVICE AGENCY REGISTRATION

The Employment Agency Program within the Massachusetts Division of Occupational Safety (DOS) licenses for-profit employment agencies and registers service agencies in accordance with M.G.L. c. 140, §§ 46A-46R. Depending upon the nature of your business and the manner in which you place, find, recruit, refer, or assign workers to jobs, employment, interviews, or assignments, your agency requires a license or registration. Said licenses and registrations must be renewed annually pursuant to M.G.L. c. 140, §§ 46B, 46D, 46Q, and 801 CMR 4.02.

SECTION I

AGENCY NAME _____

PARENT OR AFFILIATE COMPANY NAME (if applicable) _____

STREET ADDRESS _____

CITY / TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____ WEBSITE _____

AGENCY IS LOCATED IN A : ☐ RESIDENCE ☐ COMMERCIAL BUILDING

AGENCY MAILING ADDRESS (if different) _____

SECTION II

1. THIS AGENCY IS A: ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP, LP, OR LLP ☐ CORPORATION OR LLC

FEDERAL ID # _____

- If sole proprietorship, provide the following for the **Owner**;
- If partnership, LP, or LLP, provide the following for the **Partner (1 of 2)**;
- If corporation or LLC, provide the following for the **President**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

- If partnership, LP, or LLP, provide the following for the **Partner (2 of 2)**;
- If corporation or LLC, provide the following for the **Treasurer**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

2. Has any of the above information changed since your last license or registration was issued? ☐ YES ☐ NO

If YES, sole proprietorships, partnerships, or LPs must remit a copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency is located. Corporations, LLPs, or LLCs must remit a current Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office. These documents must be attached to your renewal application. (Contact information for the Secretary of the Commonwealth's Office: One Ashburton Place, Boston, MA 02108-1512 Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm)

3. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
Provide the following information for the **AGENCY MANAGER**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

4. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
List all types of placement occupations / jobs / engagements / services your agency provides:

<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY

5. How many placement counselors does your agency utilize? ☐ 1-4 ☐ 5 or more
6. Does your current license or registration show the correct name and address of your agency? ☐ YES ☐ NO
7. Does your agency have multiple locations? ☐ YES ☐ NO

IF YES is each office duly licensed or registered?

☐ YES

☐ NO

List the cities/towns of the other locations: _____

8. If an agency directly employs the workers it places, are all workers receiving at least the Massachusetts minimum hourly wage?

☐ Agency is not the direct employer

☐ YES

☐ NO

9. If an agency does not directly employ its workers or referrals, does the agency provide the client and job applicant or referral with information about Massachusetts' Minimum Wage and Hour Laws?

☐ Agency is the direct employer

☐ YES

☐ NO

10. Is the Massachusetts Minimum Wage and Hour Laws poster posted in your agency?

☐ YES

☐ NO

SECTION III

Please answer the following:

1. Does your business accept applications and keep a list of persons seeking employment? ☐ YES ☐ NO

2. Does your business send people on interviews or to assignments, jobs, or engagements that your business has arranged? ☐ YES ☐ NO

3. Does your business keep a list of employers, persons, businesses, or clients seeking employees or workers for permanent or temporary employment, help, or engagement? ☐ YES ☐ NO

4. Does your business place models, "brand ambassadors," or "promotional workers?" ☐ YES ☐ NO

➔ **If the answer to question # 4 is YES, you must complete SECTION IV AND SECTION V of this application.** Your business must be renewed as a licensed employment agency.

➔ **If the answer to question # 4 is NO, please answer the following questions:**

5. Does your business charge fees of any kind to job applicants or workers, either directly or indirectly? ☐ YES ☐ NO

6. Does your business provide domestic employees, defined as workers who provide services in a person's home, including babysitters, nannies, elder care workers, or home companions? ☐ YES ☐ NO

➔ **If the answer to BOTH of questions # 5 AND # 6 is NO, skip SECTION IV and go directly to SECTION V of this application.** Your business must be renewed as a registered as a service agency pursuant to M.G.L. c. 140, §§ 46A, 46B.

➔ **If the answer to EITHER of questions # 5 and/or # 6 is YES, please answer the following questions:**

7. Does the agency directly employ its workers, that means, the agency pays them, assigns them, provides workers' compensation insurance for them in accordance with M.G.L. c. 152, the Workers' Compensation Act, and exercises some level of supervision over them on an on-going basis? ☐ YES ☐ NO

8. Does the agency ONLY provide part-time (fewer than 35 hours per week) or temporary help (assignments lasting fewer than 10 weeks) to others?
 (This means, none of your workers spend more than 35 hours per week or more than 10 weeks in duration working for only one client.) ☐ YES ☐ NO

➔ If the answer to BOTH of questions # 7 and # 8 is YES, **skip SECTION IV** and go directly to **SECTION V** of this application. Your business must be renewed as a registered service agency pursuant to M.G.L. c. 140, §§ 46A, 46B.

➔ If the answer to EITHER of questions # 7 or # 8 is NO, please answer question # 9:

9. Does the agency solely provide to employers or prospective employers, by electronic means, biographical information, background, and experience of applicants for temporary employment, help, or engagement, and does not try to connect specific job applicants or workers to specific clients, persons, or businesses seeking workers? ☐ YES ☐ NO

If the answer to question #9 is YES, **skip SECTION IV** and go directly to **SECTION V** of this application. Your business must be renewed as a registered as a service agency pursuant to M.G.L. c. 140, §§ 46A and 46B.

If the answer to question # 9 is NO, **complete SECTION IV AND SECTION V** of this application. Your business must be renewed as a licensed employment agency pursuant to M.G.L. c. 140, § 46A.

SECTION IV

This section is to be completed by license renewal applicants only. Registration renewal applicants go directly to Section V.

1. Has your agency manager changed within the past year? ☐ YES ☐ NO

If YES, attach a copy of the current manager's resume to your renewal application and remit as part of your renewal package to DOS.

2. Is your license posted in a conspicuous place in your agency? ☐ YES ☐ NO

3. Is there a copy of the Employment Agency Law posted in your office? ☐ YES ☐ NO

4. Has your agency changed any of its forms or contracts within the last six months? ☐ YES ☐ NO

If YES, attach new forms and contracts to your renewal application and remit as part of your renewal package to DOS.

5. Does the agency maintain a register and separate file designation for job applicants/ employees/workers containing the name, address, date of application, completed job application, references, result of reference(s) check(s), job assignment, and all fees or charges itemized? ☐ YES ☐ NO

6. Does the agency maintain a register of all clients and maintain copies of contracts or agreements that stipulate the name and address of each client/employer, billing rate and/or fee for services, and a work order? ☐ YES ☐ NO

7. Are records kept on the agency premises for at least three (3) years? ☐ YES ☐ NO

8. Does the agency advertise in newspapers or other publications? ☐ YES ☐ NO

If YES, attach sample advertisement to your renewal application and remit as part of your renewal package to DOS.

9. Is the agency party to any criminal or civil cases involving past or present applicants, workers, or clients? ☐ YES ☐ NO

If YES, attach information, court documents, or final disposition from the court to your renewal application and remit as part of your renewal package to DOS.

SECTION IV CONTINUED...

10. Does the agency place domestic workers, that is, workers who provide services in a person's home, including nannies, babysitters, and/or elder care givers? ☐ YES ☐ NO

If NO, go to question #11. If YES, please answer the following:

- A. Are mandatory CORI checks being performed? ☐ YES ☐ NO
- B. Does the agency check at least one (1) of every applicant's references? ☐ YES ☐ NO
- C. Has the agency received any complaints from, or had services terminated for cause, by any clients or employees? ☐ YES ☐ NO
- D. Does the agency attempt to recruit workers from outside the Commonwealth of Massachusetts to perform domestic work? ☐ YES ☐ NO
- E. Does the agency utilize person(s) (emigrant agents) to recruit workers outside of Massachusetts? ☐ YES ☐ NO

If YES, provide the name of recruiter(s), mailing address, and his/her license number(s) and attach to this application.

11. Does the agency place models, "brand ambassadors," or "promotional workers?" ☐ YES ☐ NO

If NO, go to question # 12. If YES please answer the following:

- A. Does the agency charge a registration fee to the model(s)? ☐ YES ☐ NO
- B. Does the agency charge a fee for work performed in excess of 10% to the model(s)? ☐ YES ☐ NO
- C. Does the agency use contracts between the agency and the model(s)? ☐ YES ☐ NO

12. Attach the following required documents to your renewal application for licensure, depending upon whether your agency is a sole proprietorship, partnership, LP, LLP, corporation, or LLC.

SOLE PROPRIETORSHIP	PARTNERSHIP, LP, OR LLP	CORPORATION OR LLC
<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.	<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.	<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, "the people of the Commonwealth," reflecting the address of the agency office on the bond certificate.
<input type="checkbox"/> A signed and dated CORI Request Form for the owner. Form provided, page 6.	<input type="checkbox"/> A signed and dated CORI Request Form for both partners. Form provided page 6; make copies as needed.	<input type="checkbox"/> A signed and dated CORI Request Form for corporate president and corporate treasurer. Form provided page 6; make copies as needed.

SECTION IV CONTINUED...**THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM****MDOOS
G****CORI REQUEST FORM**

Massachusetts Division of Occupational Safety (DOS) has been certified by the Criminal History Systems Board (CHSB) to access conviction and pending case CORI for the purpose of screening applicants for employment agency licensure.

As an applicant for an Employment Agency License from DOS, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of the same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME

HOME ADDRESS CITY/TOWN STATE ZIP CODE

FORMER ADDRESS

☐ MALE ☐ FEMALE HEIGHT: _____ FT. _____ IN. WEIGHT: _____ LBS.

EYE COLOR DRIVER'S LICENSE NUMBER AND STATE

APPLICANT SIGNATURE DATE

-----FOR DOS USE ONLY-----

THE ABOVE-INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT-ISSUED PHOTO IDENTIFICATION:

Requested by: _____
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE DATE PRINT NAME

-----FOR CHSB USE ONLY-----

Record Attached: _____ No Record: _____

SECTION V

1. **Registration and License Renewal Applicants must submit the following documents with this completed application. An application is not complete without the following attachments:**

SOLE PROPRIETORSHIP	PARTNERSHIP OR LP	CORPORATION, LLP OR LLC
<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required \$300 annual application fee if the agency utilizes 1-4 placement counselors, or \$500 fee if agency utilizes 5 or more placement counselors.	<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required \$300 annual application fee if the agency utilizes 1-4 placement counselors, or \$500 fee if agency utilizes 5 or more placement counselors.	<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required \$300 annual application fee if the agency utilizes 1-4 placement counselors, or \$500 fee if agency utilizes 5 or more placement counselors.
<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. Form provided page 8.	<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. Form provided page 8.	<input type="checkbox"/> A notarized affidavit attesting to compliance with all state tax laws. Form provided page 8.
<input type="checkbox"/> A copy of the Certificate of Insurance for a valid workers' compensation policy. The certificate must have the policy number and effective dates. The certificate must clearly indicate that the agency name and address listed on the front page of this application form is covered by the policy. (If sole proprietorship has no employees, provide a <u>notarized</u> letter signed by the owner stating that the agency has no employees.)	<input type="checkbox"/> A copy of the Certificate of Insurance for a valid workers' compensation policy. The certificate must have the policy number and effective dates. The certificate must clearly indicate that the agency name and address listed on the front page of this application form is covered by the policy. (If partnership has no employees, provide a <u>notarized</u> letter signed by both partners stating that the agency has no employees.)	<input type="checkbox"/> A copy of the Certificate of Insurance for a valid workers' compensation policy. The certificate must have the policy number and effective dates. The certificate must clearly indicate that the agency name and address listed on the front page of this application form is covered by the policy.

2. SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

- If agency is a sole proprietorship, the owner must sign
- If agency is a partnership, LP, or LLP, both partners must sign
- If agency is a corporation, or LLC, the President and Treasurer must sign

I declare the above facts and supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application or revocation of a license or registration. I understand that DOS has the right of inspection of any registered or licensed agency at any time, and that information contained within this application can and will be verified using resources available to DOS. I understand that having a valid employment agency license or registration is a requirement of Massachusetts State Law. Signed under the pains and penalties of perjury.

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

Mail Completed Application and All Supporting Documentation to: Division of Occupational Safety,
Employment Agency Program, 399 Washington Street, 5th Floor, Boston, MA 02108



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

**AFFIDAVIT CERTIFYING COMPLIANCE RELATING
TO PAYMENT OF STATE TAXES**

INSTRUCTIONS:

- If agency is a sole proprietorship, the owner must attest
- If agency is a partnership, LP, or LLP, both partners must attest
- If agency is a corporation or LLC, the president or treasurer must attest
- This form must be notarized before submitting

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

of _____,
AGENCY NAME

AGENCY ADDRESS

do hereby certify that my agency has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signed under the pains and penalties of perjury,

this _____ day of _____, 20_____.

SIGNATURE TITLE

SIGNATURE TITLE

NOTARY PUBLIC:

Sworn to me this _____ day of _____, 20_____

SIGNATURE

Affix stamp or seal: